

2024-2025 BCF MINI-GRANT APPLICATION

Submission via email to <u>bcfcoordinator@gmail.com</u> by 5:00pm October 31st, 2024

| DATE SUBMITTED | PROJECT/GRANT NAME | | | | |
|--|-----------------------------|---------------------------|--|--|--|
| | | | | | |
| Lead Applicant Information | | | | | |
| SUBMITTED BY (Agency) | ADDRESS OF SUBMITTING PARTY | | | | |
| | | | | | |
| SUBMITTED BY (Primary Contact) | E-MAIL OF SUBMITTING PARTY | | | | |
| | | | | | |
| Collaborative Partner Information *minimum of 2* | | | | | |
| BCF Collaborative Partne | r | BCF Collaborative Partner | | | |
| | | | | | |
| BCF Collaborative Partne | r | BCF Collaborative Partner | | | |
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I. PROJECT DESCRIPTION

| A. STATEMENT OF PROBLEM TO BE ADDRESSED | |
|--|--|
| B. HOW THIS FURTHERS THE MISSION OF THE BCF | |
| C. OVERALL PROJECT GOAL | |
| D. TARGET POPULATION | |
| E. PROJECT DURATION | |
| F. KEY STAFF | |

II. GOALS & OBJECTIVES

III. SUCCESS CRITERIA & MEASURABLE OUTCOMES

IV. TIMELINE

| ACTIVITY | PROJECTED DATE |
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V. BUDGET

BUDGET OVERVIEW

| ANNUAL PROJECT BUDGET AMOUNT | BCF MINI-GRANT AWARD PERCENTAGE OF BUDGET |
|--|--|
| | |
| ANTICIPATED USE OF ANCILLARY FUNDS (Grant Writing or Marketing) | TARGET DATE FOR ANCILLARY FUND USE |
| | |
| COLLABORATIVE PARTNER FINANCIAL CONTRIBUTIONS (Please identify partner by name) | COLLABORATIVE PARTNER IN-KIND CONTRIBUTIONS (Please identify partner by name) |
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| | |
| LONG-TERM SOURCES / STRATEGIES FOR FUNDING | |

VI. PROJECT EVALUATION METHODS

VII. PROJECT SUPPORTS THAT MAY BE PROVIDED BY OTHER BCF MEMBERS

VIII.APPENDIX

| FILE NAME | DESCRIPTION | LOCATION attachment / link | |
|-----------|-------------|----------------------------|--|
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REMINDER: The deadline for applications is 5:00pm on October 31, 2023. Applications that are received after this deadline or applications that do not meet the mini-grant required parameters will not be eligible for consideration. Please direct inquiries to bcfcoordinator@gmail.com.

I hereby state that the information contained in this application is true and correct to the best of my knowledge.

| LEAD MEMBER: | | | DATE: | |
|--------------|--------------|-----------|-------|--|
| | printed name | signature | | |
| PARTNER: | | | DATE: | |
| | printed name | signature | | |
| PARTNER: | | | DATE: | |
| | printed name | signature | | |
| | | | | |

REVIEWED:_____

DATE:

BCF Executive Committee Representative